

HIV Epidemiology Overview & Data on HIV and Substance Use

Georgia, 2023

Georgia DPH / Division of Epidemiology / Viral Hepatitis, HIV, and STI Epidemiology Section/
HIV Epidemiology Unit

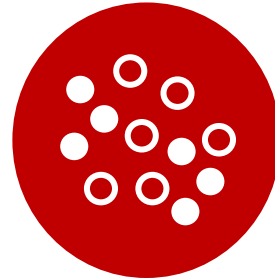
GA DPH HIV Epidemiology Unit

Data in this presentation is from the following three areas:

**Core HIV Surveillance
Epidemiology**



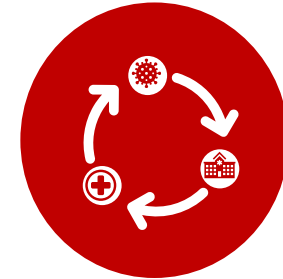
**Cluster Detection
and Response**



**Perinatal Surveillance
Epidemiology**



**Syndemics
Epidemiology**



**Medical Monitoring
Project (MMP)**



**Georgia HIV Behavioral
Surveillance (GHBS)**



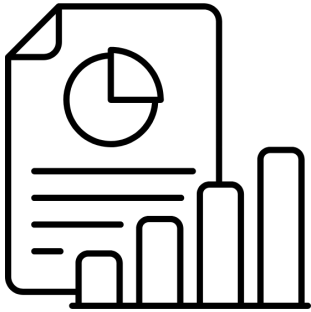
**Core HIV Surveillance
Follow-up**



**Data
Management**

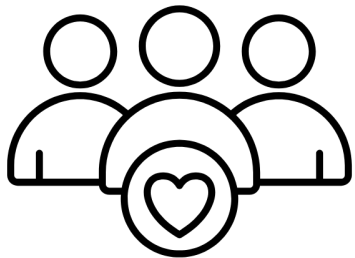


GA DPH HIV Epidemiology Unit



What do we do?

We manage Georgia's HIV surveillance system, conduct HIV-related surveys, analyze data, and disseminate data about HIV in a secure and confidential manner.



Why do we do this work?

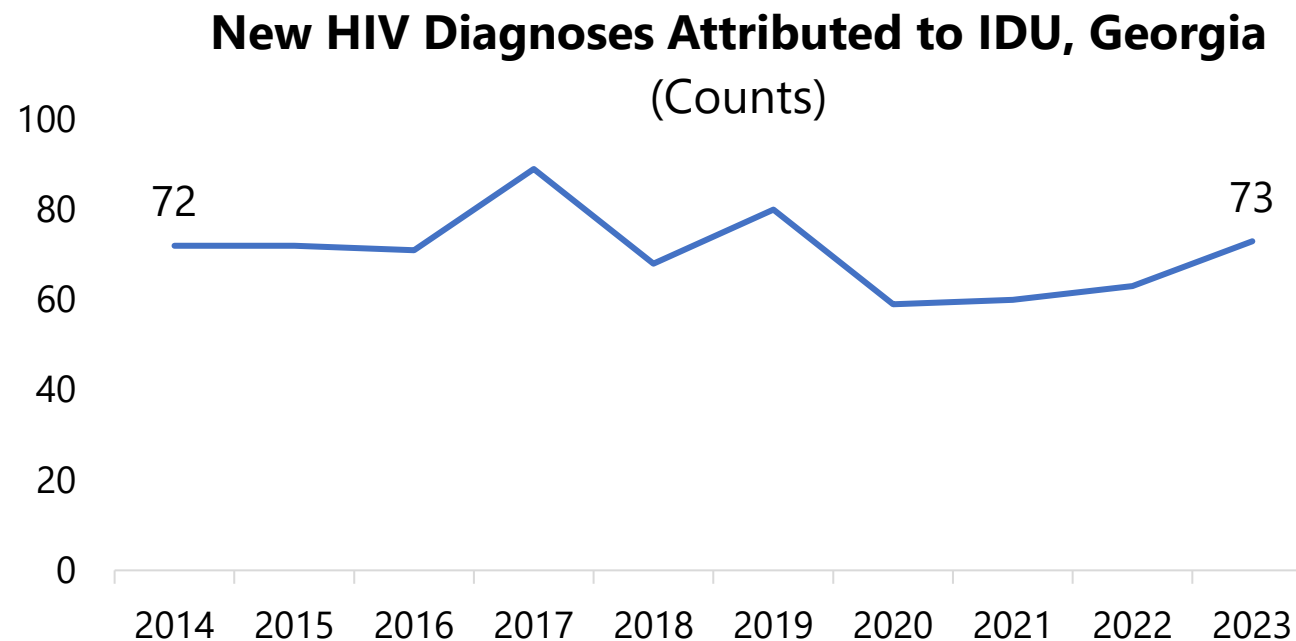
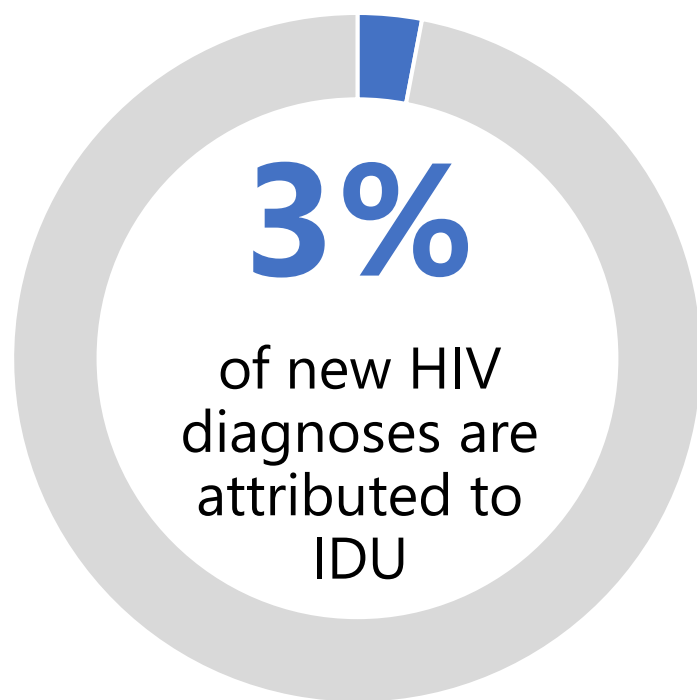
The data are used to monitor the HIV epidemic in Georgia, guide data-driven planning and resource allocation, and evaluate prevention and care services.

Presentation Overview

- Key Data Takeaways
- General Overview of the HIV Epidemic in Georgia
- Data on HIV and Substance Use
- Where to Find More Information

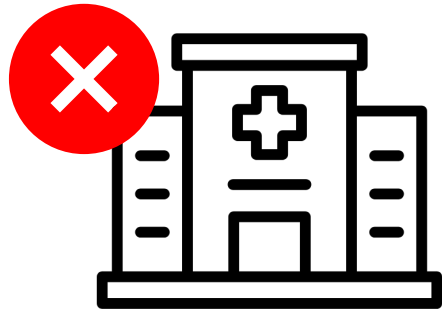
Key Data Takeaways

Only 3% of new HIV diagnoses in GA are attributed to injection drug use (IDU) and there is **no apparent increase** in diagnoses attributed to IDU. However, **rapid HIV outbreaks are a concern among people who inject drugs.**



Key Data Takeaways

Data from two GA DPH health surveys:



Among people with HIV¹ who had a need for drug or alcohol counseling or treatment, **35% were not receiving it.**



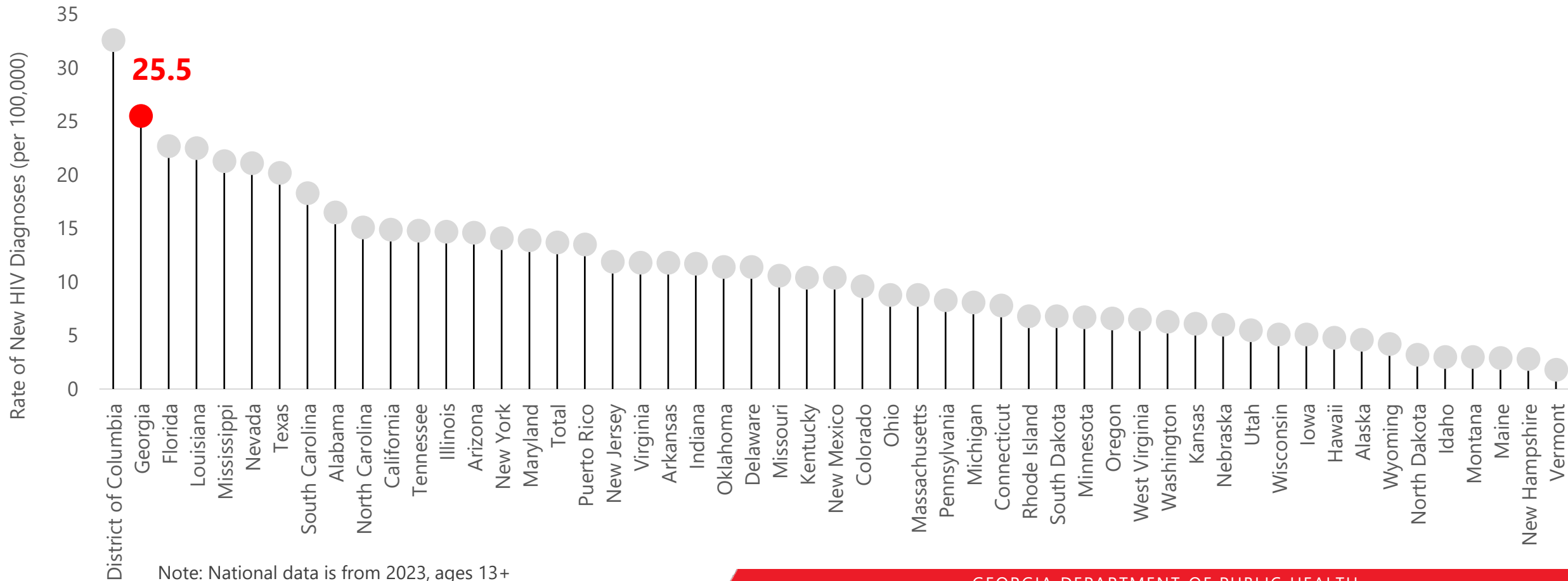
Among people who inject drugs (who tested negative for HIV)², **only 3% were currently using PrEP.**

¹Based on survey data from the 2018–2022 MMP Survey

²Based on survey data from the 2024 PWID GHBS Survey Cycle

General Overview of the HIV Epidemic in Georgia

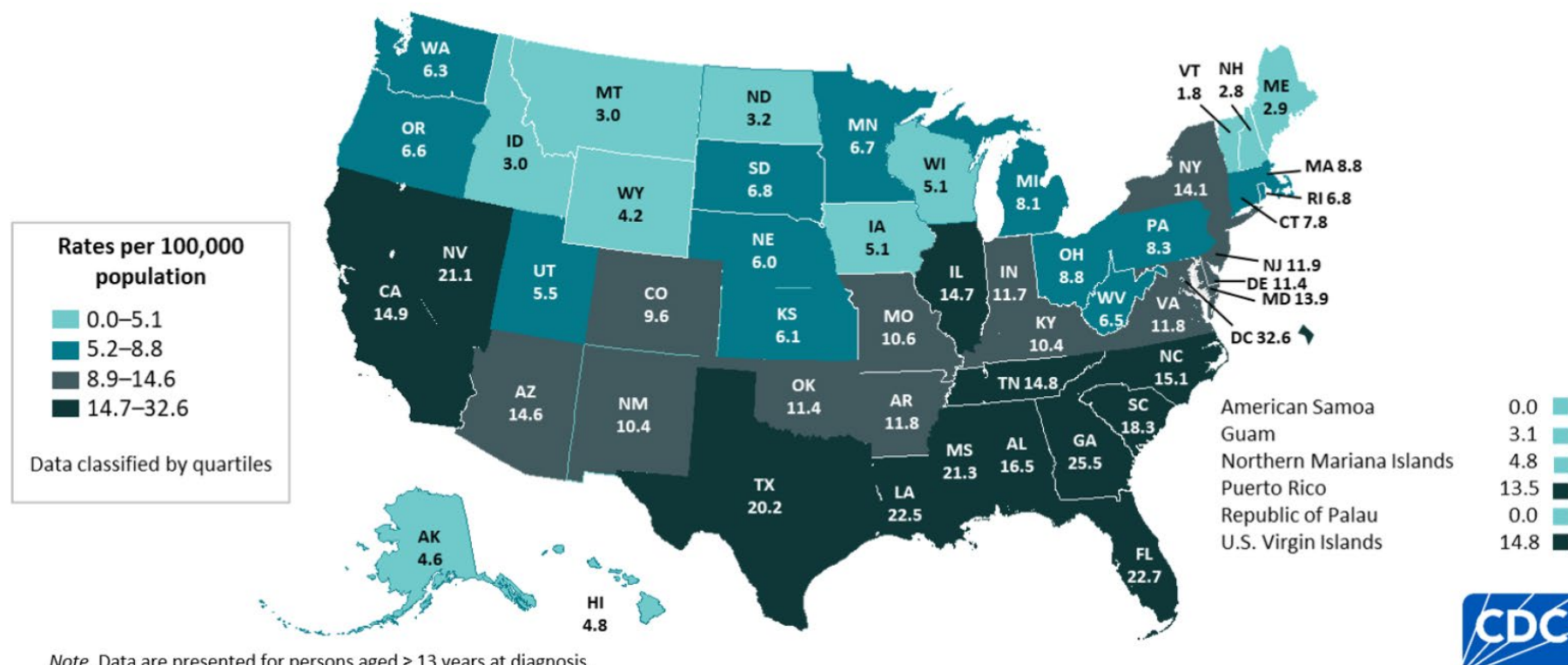
Georgia ranks **2nd-highest** in new HIV diagnoses when adjusting for population size (and 5th highest for total counts).



Note: National data is from 2023, ages 13+

General Overview of the HIV Epidemic in Georgia

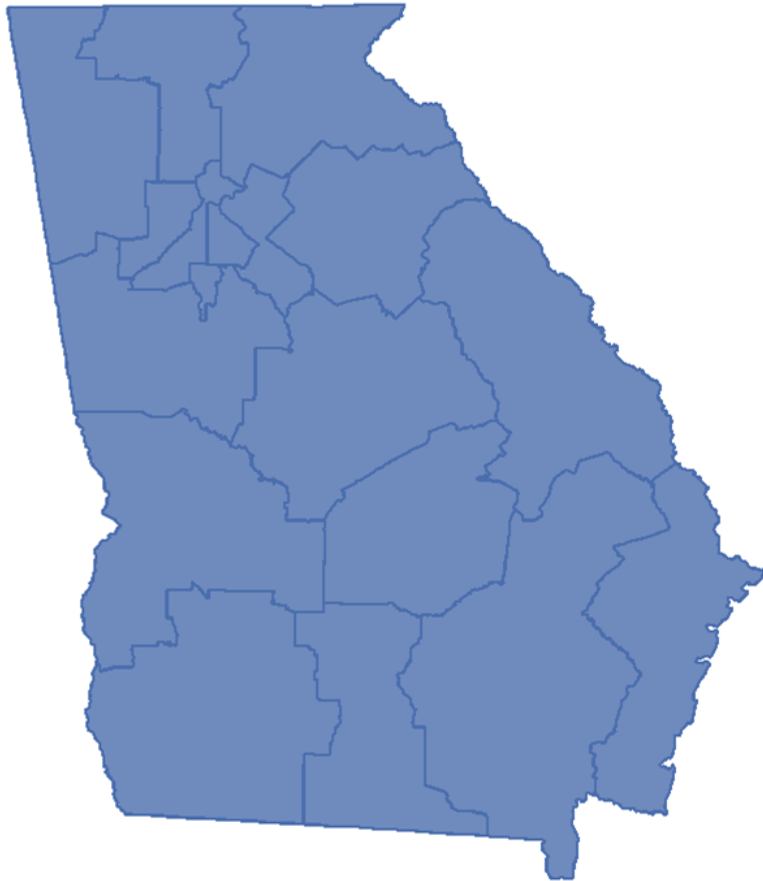
Georgia ranks **2nd-highest** in new HIV diagnoses when adjusting for population size (and 5th highest for total counts).



Note: National data is from 2023, ages 13+

General Overview of the HIV Epidemic in Georgia

Georgia



HIV Incidence, 2023

2,442 people were newly-diagnosed with HIV

(Rate: 22 persons per 100,000)

HIV Prevalence, 2023

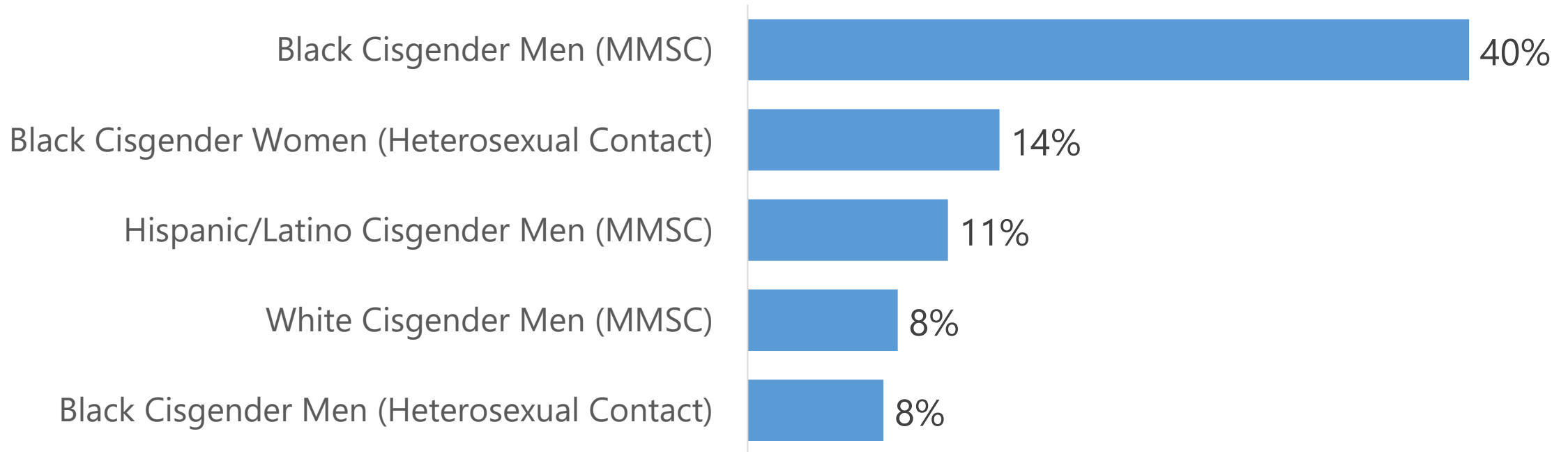
65,195 people with HIV

(Rate: 591 persons per 100,000)

Which groups accounted for the most HIV diagnoses in Georgia?

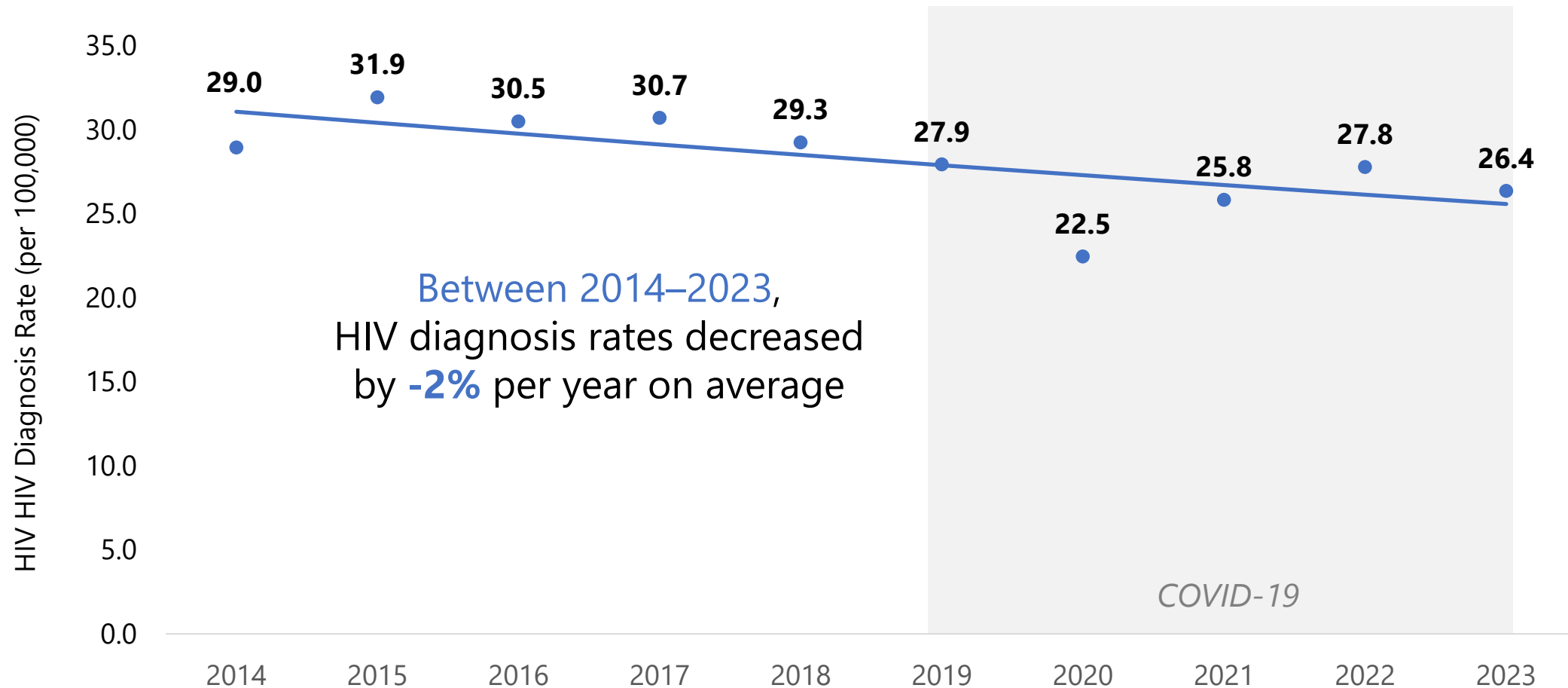
Black cisgender men (with male-to-male-sexual contact, MMSC) accounted for the most HIV diagnoses in 2023.

They were followed by Black cisgender women (heterosexual contact), Hispanic/Latino cisgender men (MMSC), White cisgender men (MMSC), and Black cisgender men (heterosexual contact).



Note: Information in parentheses represents the associated HIV transmission category.

New HIV diagnosis **rates** are **decreasing** in Georgia



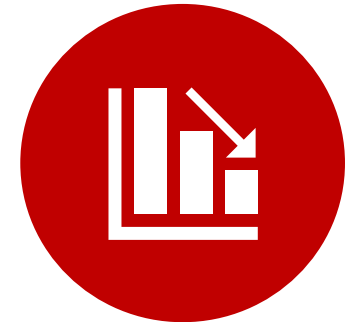
*Rates displayed are for individuals ages 13+

HIV and Injection Drug Use

From core HIV surveillance data:

- We **can estimate**:
 - The percentage of people newly-diagnosed with HIV that had injection drug use (IDU) as the most likely reason for HIV transmission.
- Unfortunately, we **cannot estimate**:
 - The percentage of people with HIV (newly diagnosed or not) who have substance use disorder.

Core HIV Surveillance Epidemiology



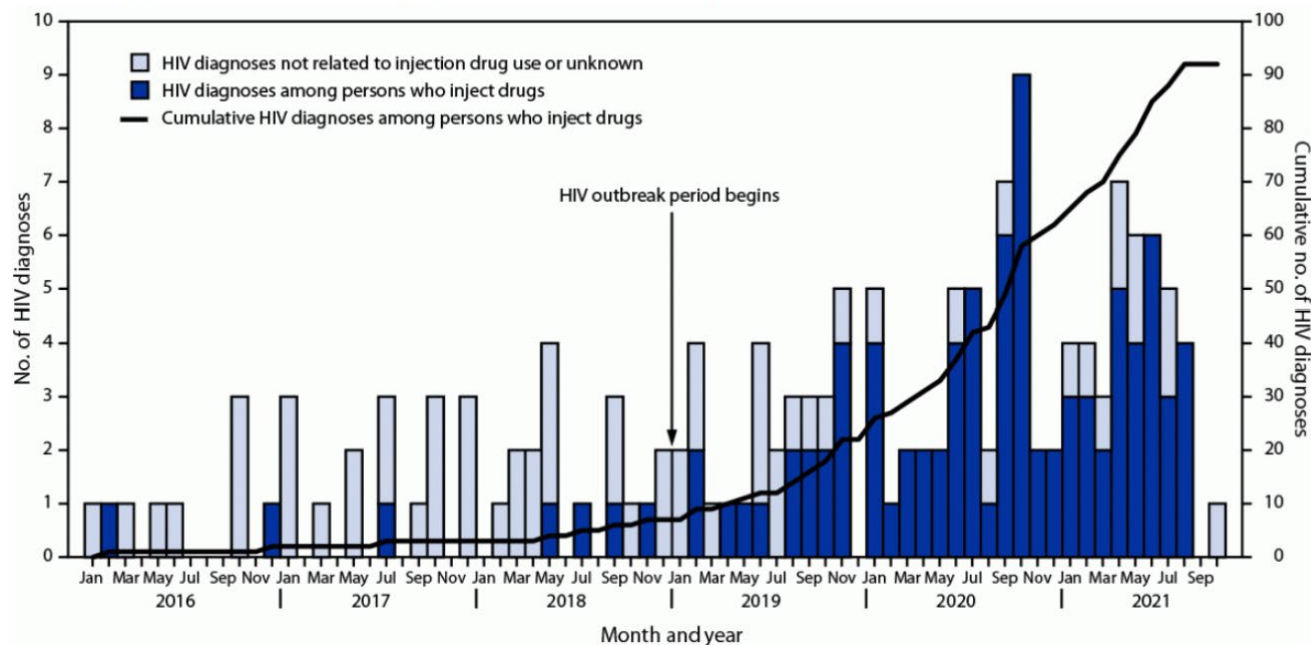
All people with HIV and people newly diagnosed with HIV in GA (trends, care continuum measures)

HIV and Injection Drug Use

Rapid HIV outbreaks are a concern among people who inject drugs.

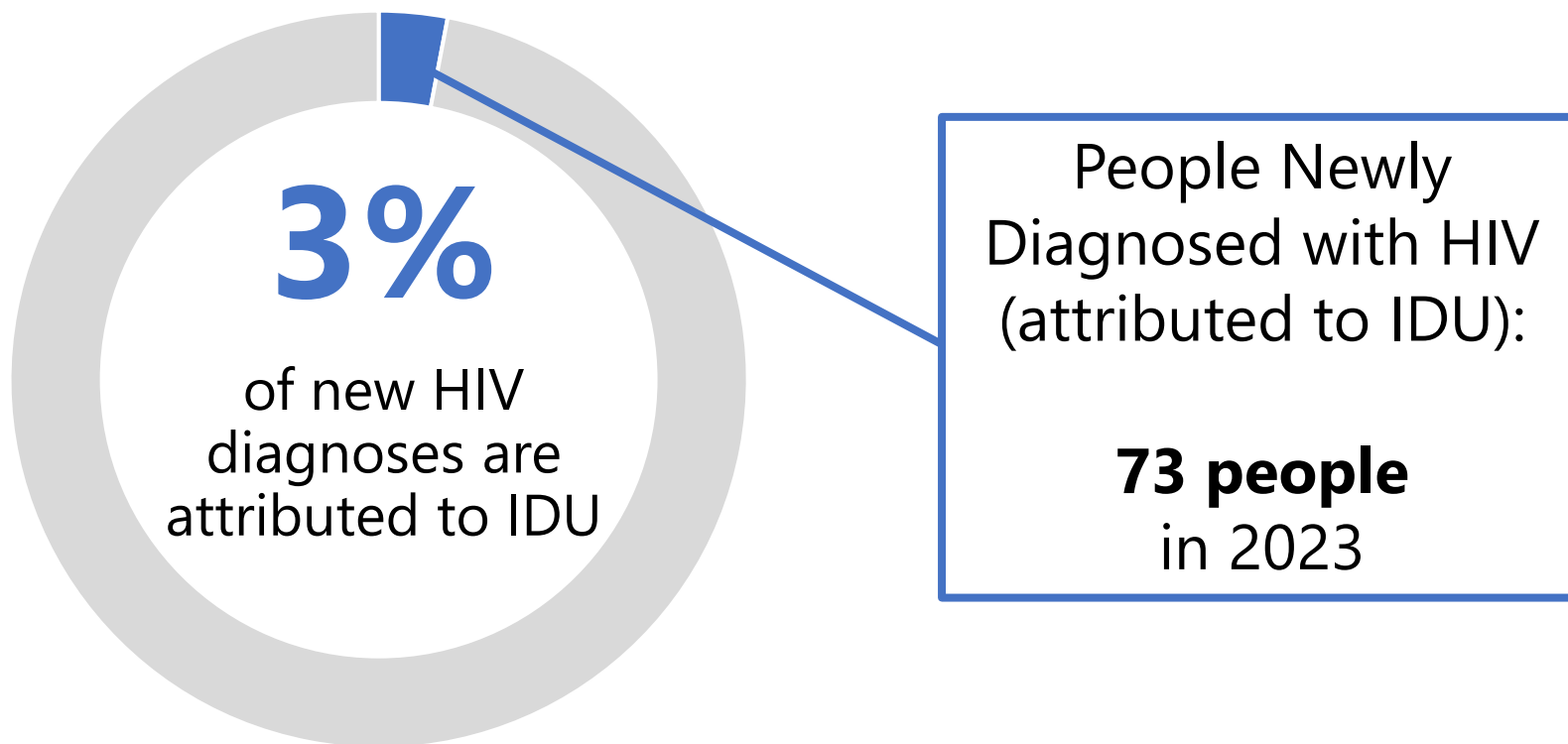
Several states, including West Virginia (example shown below), have experienced rapid HIV outbreaks among people who inject drugs.

FIGURE. Diagnoses of HIV infection, by injection drug use category — Kanawha County, West Virginia, January 2016–October 2021



HIV and Injection Drug Use

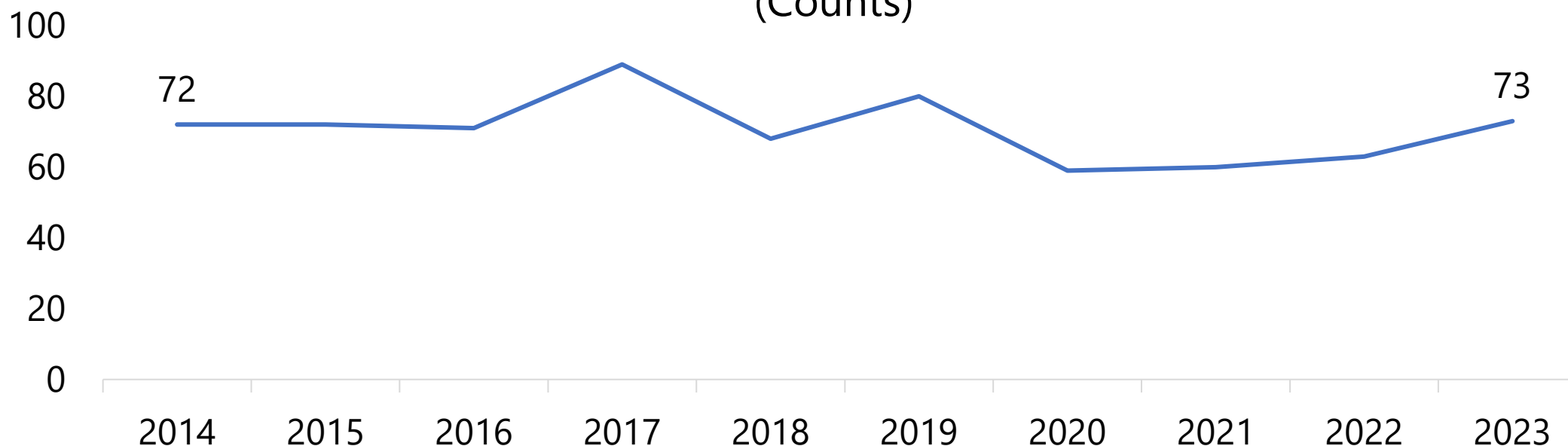
Only 3% of new HIV diagnoses in GA were attributed to injection drug use (IDU) in 2023. Most new HIV diagnoses are attributed to male-to-male-sexual contact (64%) and heterosexual contact (24%).



HIV and Injection Drug Use

There is **no apparent increase** in HIV diagnoses attributed to IDU in Georgia. On average, there were 71 individuals per year with an HIV diagnosis attributed to IDU between 2014–2023.

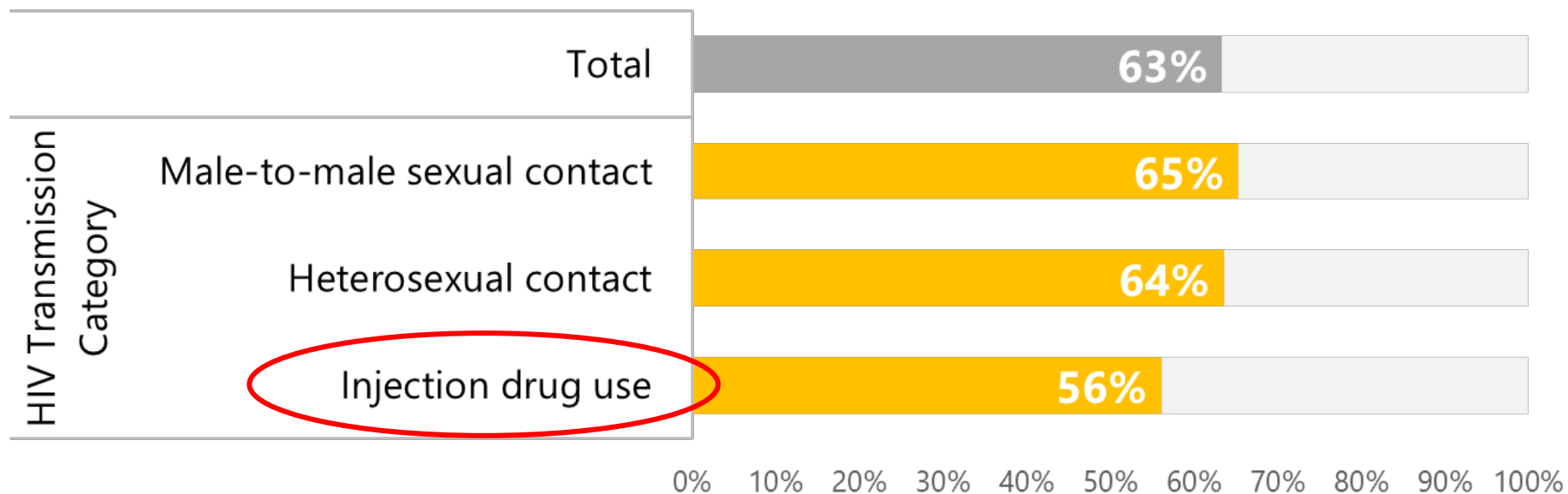
New HIV Diagnoses Attributed to IDU, Georgia
(Counts)



HIV and Injection Drug Use

However, this group consistently has **lower viral suppression** (56%) compared to the overall population (63%).

Viral Suppression, GA, 2023:



Survey Data about HIV and Substance Use

From the Medical Monitoring Project¹:

- We **can assess** how many people with HIV surveyed have reported:
 - Recently using non-injection drugs (ex. marijuana)
 - Recently receiving or needing drug or alcohol counseling or treatment
- Unfortunately, we **cannot assess** how many people with HIV surveyed have reported:
 - Recently using injection drugs (non-prescription). This question was asked, but there were not enough responses to estimate recent use.

Medical Monitoring Project



Survey of people with HIV through interviews and medical record abstraction (n~250/year).

¹Based on survey data from the 2018–2022 MMP Survey

Survey Data about HIV and Substance Use

Among people with HIV surveyed through MMP between 2018-2022:



41%

reported using non-injection drugs for non-medical purposes

35% used marijuana, 11% used poppers (amyl nitrite), 7% used cocaine, 6% used methamphetamines, and 4% used prescription opioids.

**Medical
Monitoring
Project**

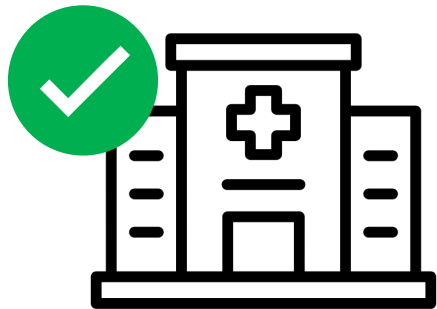


Survey of people with HIV through interviews and medical record abstraction (n~250/year).

Survey Data about HIV and Substance Use

Among people with HIV surveyed through MMP between 2018-2022:

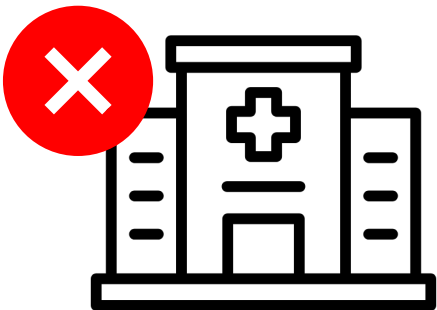
Medical Monitoring Project



5% recently received drug or alcohol counseling or treatment.¹



Survey of people with HIV through interviews and medical record abstraction (n~250/year).



Among those who had a need for drug or alcohol counseling or treatment, **35% were not receiving it.**¹

¹This data was reported by survey participants.

Survey Data about HIV and Substance Use

From the Georgia HIV Behavioral Surveillance Survey²:

- We **can assess** among people surveyed who inject drugs (PWID) (with or without HIV):
 - How many people **tested positive for HIV**?
 - **PrEP**³: How many people are currently using PrEP? Have they spoken with a physician about PrEP?

Georgia HIV Behavioral Surveillance (GHBS)



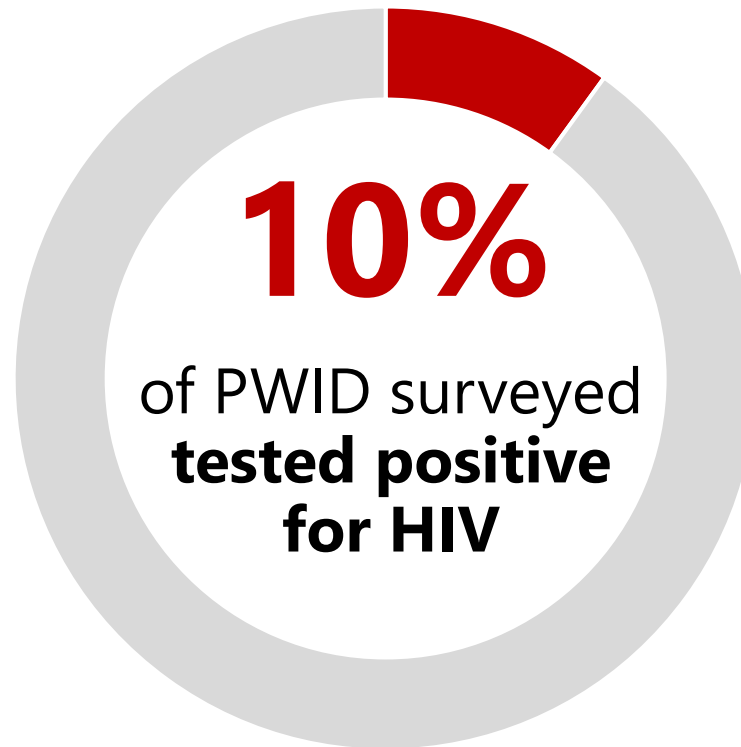
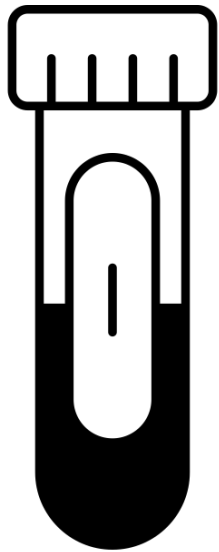
Survey of individuals at potential exposure to HIV. Populations of focus vary (n~500/cycle)

²Based on survey data from the 2024 PWID GHBS Survey Cycle

³Among those who tested negative for HIV and answered the survey question

Survey Data about HIV and Substance Use

Through the Georgia HIV Behavioral Surveillance Survey²:



**Georgia HIV
Behavioral
Surveillance
(GHBS)**

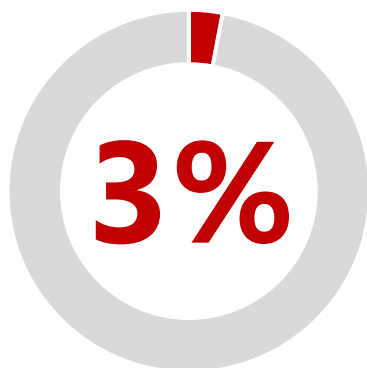


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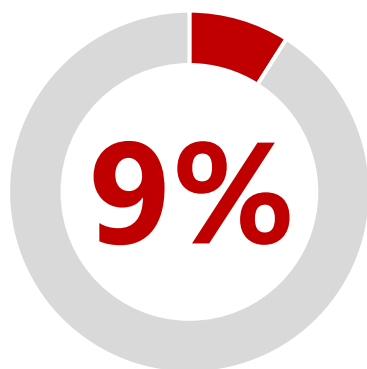
²Based on survey data from the 2024 PWID GHBS Survey Cycle

Survey Data about HIV and Substance Use

Through the Georgia HIV Behavioral Surveillance Survey²:

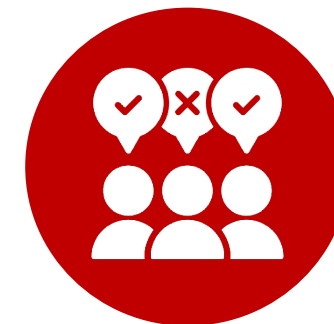


of PWID³ reported **currently using PrEP**



of PWID³ reported **speaking with a physician about PrEP**

Georgia HIV Behavioral Surveillance (GHBS)



Survey of individuals at potential exposure to HIV. Populations of focus vary (n~500/cycle)

²Based on survey data from the 2024 PWID GHBS Survey Cycle

³Who tested negative for HIV and answered the survey question

In Summary

1. Only **3%** of HIV diagnoses in Georgia were attributed to injection drug use (IDU).
2. There is **no apparent increase** in diagnoses attributed to IDU.
3. However, rapid HIV outbreaks among people who inject drugs **are a concern**.
4. Among people with HIV¹ who had a need for drug or alcohol counseling or treatment, **35% reported not receiving it**.
5. Among people who inject drugs (who tested negative for HIV)², **only 3%** were currently using PrEP.

¹Based on survey data from the 2018–2022 MMP Survey

²Based on survey data from the 2024 PWID GHBS Survey Cycle

Where to Find More Information

<https://dph.georgia.gov/epidemiology/hiv-epidemiology-unit>



About DPH Public Health COVID-19 Vital Records Women and Children Immunizations Environmental Health Epidemiology

Epidemiology > HIV Epidemiology Unit

Epidemiology
Healthcare Associated Infections
Acute Disease Epidemiology
Emerging Infections Program (EIP)
Viral Hepatitis
Epidemiology Emergency Preparedness
Occupational Health and Safety Surveillance
HIV Epidemiology Unit
Case Reporting

HIV Epidemiology Unit

Overview

The HIV Epidemiology Section at the Georgia Department of Public Health, is responsible for managing the state HIV surveillance system and conducting HIV surveillance, and other HIV-related epidemiologic activities that provide more in depth information on those disproportionately affected by HIV.

The data collected are used to describe and monitor the epidemic in Georgia, to guide data-driven planning and resource allocation, as well as to evaluate the effectiveness and impact of prevention programs and care treatment services.

The state health department conducts these activities with expertise and legal authority while protecting the confidentiality of existing public health disease surveillance and reporting systems.

Georgia Law

The HIV Epidemiology Section is authorized under [§ 31-12-2](#) Georgia Surveillance Law (O.C.G.A. §31-12-2) to conduct notifiable disease surveillance of HIV. Public health surveillance activities are not subject to HIPAA restrictions.

Georgia has a dual reporting system that legally requires HIV reporting by both health care providers and laboratories [§ 31-12-2\(h\)](#). All health care providers diagnosing and/or providing care to

HIV DIAGNOSES AND PEOPLE WITH HIV, GEORGIA

TABLE 1. HIV DIAGNOSES, LATE DIAGNOSES, AND STAGE 3 (AIDS) DIAGNOSES, GEORGIA, 2023

	New Diagnoses (all stages)		Late HIV Diagnoses ¹			Stage 3 (AIDS) Diagnoses ²	
	N	%*	N	%*	Row %	N	%*
Total	2,442	100.0	532	100.0	21.8	1,121	100.0
Birth Sex							
Males	1,922	78.7	399	75.0	20.8	829	74.0
Females	519	21.3	133	25.0	25.6	292	26.0
Gender Identity							
Cisgender Men	1,873	76.7	393	73.9	21.0	816	72.8
Cisgender Women	515	21.1	132	24.8	25.6	291	26.0
Transgender Persons/Additional Gender Identity	53	2.2	7	1.3	13.2	14	1.2
Race and Ethnicity							
Black or African American, non-Hispanic	1,593	65.2	345	64.8	21.7	760	67.8
White, non-Hispanic	343	14.0	76	14.3	22.2	151	13.5
Hispanic or Latino, Any Race	357	14.6	88	16.5	24.6	150	13.4
Asian	20	0.8	2	0.4	10.0	4	0.4
American Indian or Alaska Native	2	0.1	1	0.2	50.0	1	0.1
Native Hawaiian or Pacific Islander	0	0.0	0	0.0	0.0	0	0.0
Multiple Races	68	2.8	15	2.8	22.1	50	4.5
Age Group at Diagnosis (Years)							
<13	3	0.1	1	0.2	33.3	3	0.3
13-17	34	1.4	3	0.6	8.8	3	0.3
18-24	515	21.1	60	11.3	11.7	84	7.5
25-34	899	36.8	193	36.3	21.5	366	32.6
35-44	507	20.8	118	22.2	23.3	288	25.7
45-54	237	9.7	81	15.2	34.2	171	15.3
55-64	175	7.2	57	10.7	32.6	137	12.2
65+	72	2.9	19	3.6	26.4	69	6.2
HIV Transmission Category (Unadjusted)							
Male-to-male sexual contact (MMSC)	1,243	50.9	223	41.9	17.9	496	44.2
Heterosexual contact ³	528	21.6	161	30.3	30.5	294	26.2
Injection drug use (IDU)	49	2.0	17	3.2	34.7	41	3.7
MMSC and IDU	33	1.4	4	0.8	12.1	18	1.6
Adult Other	1	0.0	0	0.0	0.0	0	0.0
Perinatal/other pediatric ⁴	3	0.1	1	0.2	33.3	11	1.0
No risk identified or reported (NIR/NRR)	585	24.0	126	23.7	21.5	261	23.3
HIV Transmission Category (Adjusted)⁵							
Male-to-male sexual contact (MMSC)	1,565	64.1	291	54.6	18.6	626	55.9
Heterosexual contact ³	697	28.5	206	38.7	29.5	395	35.3
Injection drug use (IDU)	73	3.0	22	4.1	30.2	54	4.8
MMSC and IDU	48	2.0	8	1.4	16.1	25	2.2
Adult Other	1	0.0	0	0.0	0.0	0	0.0
Perinatal/other pediatric ⁴	3	0.1	1	0.2	33.3	11	1.0
No risk identified or reported (NIR/NRR)	56	2.3	5	0.9	8.9	9	0.8

*Percentages may not add up to 100% due to rounding and missing data. 1. Late diagnosis: stage 3 (AIDS) diagnosis within 12 months of HIV diagnosis. Row % is percent of HIV diagnoses that were late diagnoses. 2. Stage 3 (AIDS) includes persons diagnosed with stage 3 in 2023, regardless of year of HIV diagnosis. 3. Heterosexual contact: Defined as sexual contact with someone of the opposite sex with known risk such as injection drug use, bisexual male (applies to females only), person with hemophilia/coagulation disorder, transfusion recipient with HIV documentation, and/or person with AIDS or documented HIV. 4. Perinatal/other pediatric: cases <13 years born to a mother who is HIV-positive, and cases <13 with other risk (e.g., sexual transmission). 5. Adjusted for missing risk using multiple imputation methods. Adjusted subtotals may be different from unadjusted subtotals due to rounding.

Suggested Citation

This presentation was originally presented in November 2025. Data sources include eHARS, survey data from MMP, and survey data from GHBS.

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